FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mo. Sham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012960 (5)

TAMPA CIGAR COMPANY

FILED Jun 29 1998 8:00am Secretary of State



	i i												
Principal Plac	e of Business	M	ailing Address		····			g a ddilli der min Hall			41010 IUIIE UIII		
2503 21 ST STREET TAMPA FL 33805			POST OFFICE BOX 5837 TAMPA FL 33675					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	*						3.	02/10/1997	ed or Qualified				
2. Principal F	Place of Business	2a 26	Mailing Address					FEI Number	409		<u> </u>	plied For t Applicable	
Suite, Apt.	W, elc.		Suite, Apt #, etc.					Certificate of Sta	-		\$8.75 A	Additional	
City & State			City & State				6.	Election Campa	ign Financing		\$5.00		
Zip Country			Zip Country				R	Trust Fund Cont		aid the curre	Added to		
24	25	29		30	·		Personal Property Tax due June 30. Yes No						
	g, Name and Addi	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
LU	br án o, andrew j				81	Name							
101	1 eás t kennedy b				82	Street	Address (F	P.O. Box Number	is Not Accepta	ple)			
	ITE 3700-BARNETT I	Plaza			00								
TA	MPÁ FL 33802				83								
	*				84	City				FL	85 Zip C	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505, Florida Statutes.													
SIGNATURE	Signature, typed or printed riar	ne of repeatured agent and title	il applicable (NO	DIE: Reg	istered Age	nt signature	required when	n reinstating)		DATE			
12,		OFFICERS AND DIRE		T	13.			ADDITIONS/CHA	NGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TITLE	1	☐ DELETE 1		1.1 TITLE		P & 1	D			Change	K Addition		
NAME	-				1.2 NAME J		Jose	V. Lubra	10				
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STREET ADDRESS					3.3 STREET	ADDRESS							
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City-St-ZiP	certify that the informat	ion supplied with this	filing does not qualify	for the	exemp	tion state	ed in Section	on 119. 07(3)(i) , F	orida Statutes.	further cer	tify that the	information	
14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.												attam an	